

Underground Storage Tank Compliance Verification***To be completed when installation or upgrade is finished****

Submit to: **Kansas Department of Health and Environment
Bureau of Environmental Remediation - Storage Tank Section
1000 SW Jackson, Suite 410, Topeka, KS 66612-1367**

Phone: 785-296-8061
Fax# 785-296-6190

Facility Name: _____

Facility Address: _____ City: _____ State _____ Zip _____

****Complete only that information pertaining to the latest approved installation or upgrade/modification application.***

KDHE Tank/Line #						KDHE Tank/Line #					
Tank UL no. or ASTM no.:						Corrosion Protection Tanks					
Standby Tank (yes/no)						Sacrificial Anode Cath. Prot.					
Tank Release Detection						Impress. Current Cath. Prot.					
Test date:						Repair to Existing Cath. Prot.? ____ yes ____ no					
Manual Tank Gauging						Double Wall					
Tightness Testing						Fiberglass					
Automatic Tank Gauging						Steel Clad with Fiberglass					
Vapor Monitoring						Interior Lining					
Groundwater Monitoring						Interior Lining Installation/Inspection Date:					
Interstitial Monitor w/Barrier						Line Construction					
Interstitial Monitor DW Tank						Steel					
Statistical Inventory Recon.						Copper					
Other: _____						Fiberglass					
Dispenser Type						Double Wall					
Safe Suction						Flexible Nonmetallic					
Conventional Suction						Corrosion Protection Lines					
Pressure						Test date:					
Piping Release Detection						Sacrificial Anode Cath. Prot					
Test date:						Impress. Current Cath. Prot.					
Tightness Testing						Repair to Existing Cath. Prot.? ____yes ____no					
Vapor Monitoring						Fiberglass					
Interstitial Monitoring						Double Wall					
Statistical Inventory Recon.						Flexible Nonmetallic					
Automatic Line Monitor						Other: _____					
Other: _____						Press. Lines Rel. Det.					
Test Date:						Flex Connectors:					
Mechanical Leak Detector (Flow Restrictor)						Corr. Prot. Test date:					
Positive Shutoff						Product line	(Indicate I for Install) (Indicate B if Boot)				
Continuous Alarm w/Shutoff						Dispenser	(Indicate I for Install) (Indicate B if Boot)				
Automatic Line Monitor						Spill Prevention					
Other: _____						Spill Buckets					
Pump and Dispenser Containment						Overfill Prevention					
Submersible Pump Pan						Drop Tubes <u>and</u>					
Dispenser Pan						Overfill Shutoff Device <u>or</u>					
Oath: I certify that the information above concerning compliance with technical standards is true to the best of my belief and knowledge.						Outside Audible Overfill Alarm <u>or</u>					
						Ball Float Valve					

KDHE Licensed Installer Signature: _____ IO# _____ Date: _____